

**Form ST-115**State Form 321
(R4/ 11-02)Indiana Department of Revenue
Consumer's Use Tax Return

Check Type of Return

☐ Quarterly☐ Monthly

Period beginning (month/year) _____ and ending (month/year) _____

Name _____

Street Address _____

City or Post Office, County, State, and Zip Code _____

Principal Business Activity _____

Social Security Number _____

ID Type Indiana TID #
(circle one) Federal ID #

ID Number _____

Signature & Title if other than individual return _____

Date _____

I declare under the penalties of perjury that to the best of my knowledge and belief, this is a true, correct, and complete return.

Tax Computation

- | | | | | | | | | | | | | |
|--|----|---|--|--|--|--|--|--|--|--|--|--|
| 1. Total purchases subject to tax
(from reverse side)..... | \$ | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2. Use Tax
(6% of Line 1)..... | | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | |
| | | | | | | | | | | | | |
| 3. Penalty (10% of Line 2) &
Interest (call the Department*)
if paid after due date..... | | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | |
| | | | | | | | | | | | | |
| 4. Total amount due
(add Lines 2 and 3)..... | \$ | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | |
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For Departmental Use Only*Call (317) 233-4015 or by e-mail at: www.in.gov/dor/contactus/email.html

List all purchases of tangible personal property subject to use tax.

Name and Address of Seller	Description of Property Purchased	Date of Purchase	Purchase Price of Property								
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(if more space is needed, please attach a schedule)

TOTAL*

\$

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After completing this form, mail with payment to:
Indiana Department of Revenue, 100 N. Senate Ave, Indianapolis, IN 46204

*This amount goes on Line 1,
on the front of this form.